



Express Mail No. EV373443952US
Deposited on: May 5, 2004

05-06-04

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AP 2863 \$

DUNLAP, CODDING & ROGERS, P.C.

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/865,948
	Filing Date	05/25/2001
	First Named Inventor	Alyssa M. Hapgood, et al.
	Group Art Unit	2863
	Examiner Name	Anthony T. Dougherty
Total Number of Pages in This Submission	Attorney Docket Number	3188.001

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> See remarks below:
Remarks 1. Response (16 pages); 2. Petition for Extension of time - 3 months (1 page); 3. Transmittal Form (1 page); 4. Fee Transmittal (1 page); and 5. Postcard.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 P. O. Box 16370, Oklahoma City, Oklahoma 73113, Marc A. Brockhaus
Signature	<i>Marc Brockhaus</i>
Date	5-5-2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EV373443952US in an envelope addressed to the address below on this date: May 5, 2004			
Typed or printed name	Marc A. Brockhaus, Reg. No. 40,923		
Signature	<i>Marc Brockhaus</i>	Date	5-5-2004

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 3188.001	
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)			
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))				\$ 0			OR
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =	*	0		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 =	*	0		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					0		
			TOTAL	0			OR
			TOTAL	0			
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	0	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
			TOTAL	0			OR
			TOTAL	0			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 16	Minus	** 48	=	0	
	Independent (37 CFR 1.16(b))	* 16	Minus	*** 8	=	8	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
			TOTAL	344			OR
			TOTAL	344			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	0	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
			TOTAL	0			OR
			TOTAL	0			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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